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ABSTRACT

Thirty-three Alabama special education teachers attending a workshop on Acquired Immune Deficiency Syndrome (AIDS) were asked to submit questions concerning what they most wanted to know about AIDS. The teachers' questions clustered around five main concerns. In order of frequency they were concerns about: (1) the causes and spread of AIDS; (2) the dangers in direct teacher-student contacts in school; (3) the legal and moral problems of which teachers should be cognizant; (4) what strategies are approriate for classroom use; and (5) the number of AIDS children in "my school." The paper addresses each of these concerns and provides a source, i.e., a citation for the information. (JDD)

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What Special Education Teachers Want to Know About AIDS

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The epidemic caused by the spread of the Acquired Immune Deficiency Syndrome (AIDS) is the single most significant health problem of our time. The spread of AIDS is a global public health emergency which must be recognized and addressed by all responsible individuals (Alabama State Board of Education (ASBOE), 1987). Teachers play a vital role in prevention, since education is the most effective preventive measure against the spread of the AIDS virus. In August of 1987 the Alabama State Board of Education directed the State Superintendent of Education to develop an AIDS education program for students in grades seven through twelve in Alabama schools (ASBOE, 1987). The State Board adopted the "AIDS Unit of Instruction Grades 7-12" on November 12, 1987. Included in that curriculum were recommendations for accommodations of special education students grades 7-12.

Special education teachers must know and understand the information presented in the AIDS unit of instruction if they are to inform students, "...clearly and honestly what the risks are and how to avoid them" (ASBOE, 1987, p. 1). What teachers know and the questions they have about AIDS will be the central determining factor in the success or failure of the AIDS curriculum.

A workshop about AIDS Information for Teachers was conducted on the campus of The University of Alabama on June 27, 1988. Special education teachers attending that workshop were asked to submit questions concerning what they most wanted to know about AIDS. Thirty three teachers responded. The questions clustered around five main concerns. In order of frequency they were: Concerns about the causes and spread of AIDS. What are the dangers in direct student-teacher contacts in school? What are the legal and moral problems with which teachers should be concerned? Concern over what strategies are appropriate for classroom use. How many AIDS children are in "my school"?

The specific questions and a response to the concern expressed are listed below.

Concern One: What are the Causes of AIDS and how is it Spread?

Has the AIDS virus begun to mutate or evolve so that the information we now have will soon become obsolete?
Is AIDS really a serious problem or has it just been blown out of proportion?
In what ways can AIDS be transmitted?
How do I ensure that I will not contact AIDS from casual contact?
What causes AIDS?
How communicable is AIDS?
How is AIDS acquired?
What really causes AIDS and can it be inherited?
Is there a cure for AIDS?
What are the latest developments in terms of treatment and prevention medically?

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Response:

"AIDS" is shorthand for the acquired (not inherited) immune deficiency (a breakdown of the body's defense system, producing susceptibility to certain diseases) syndrome (a spectrum of disorders and symptoms). People with the full-blown form of AIDS suffer from unusual, life-threatening infections and/or rare forms of cancer.

The virus that causes AIDS also produces milder, but often debilitating, illnesses called AIDS-Related Complex, or ARC. Persistent enlargement of lymph nodes, chronic fatigue, fever, weight loss, night sweats, and abnormal blood counts are typical features. Many people with ARC improve without treatment; others progress to have AIDS itself, and some remain the same.

The largest group of people infected with the AIDS virus are not currently ill. Since they have no symptoms, these people can be identified only by a blood test for antibody to the AIDS virus. There is no certain way to predict whether an individual with a positive blood test and no symptoms will develop ARC or AIDS. The best estimates now available indicate that at least 20 to 30% of people

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with positive blood tests eventually will develop AIDS; this may take 5 to 10 years to happen. A similar or larger proportion of those with positive tests may develop ARC. These percentages may change as our experience with AIDS grows.

All people who have a positive blood test for antibodies to the AIDS virus must regard themselves as carriers of the virus; even though they may have no symptoms, they are probably infectious and may transmit the virus to others.

The virus that causes AIDS and AIDS-related conditions is now called Human Immunodeficiency Virus (HIV). Other names for the same virus are Human T-Lymphotripic Virus, Type III (HTLV-III) and Lymphadenopathy-Associated Virus (LAV). HIV is a retrovirus that must live and reproduce inside human cells. It is extremely fragile, and does not survive long outside the body. It is present in certain body fluids (notably in blood, semen, and vaginal secretions) of people who have been infected, whether or not they have symptoms. Although it is certainly transmitted by blood and semen, there is no evidence that the AIDS virus is transmitted by saliva or tears.

There is a likelihood that certain "co-factors" influence the outcome of infection with HIV. The use of injected or inhaled recreational drugs, stress, and multiple exposures to HIV all seem to promote the development of AIDS or ARC. Although it is not clearly identified as a co-factor, alcohol may suppress the immune system, as well.

(Source: "AIDS...What Everyone Should Know," American College Health Association, 1987).

Concern Two: What are the Dangers in Direct Student-Teacher Contacts in School?

What precautionary measures should be taken in case of playground accidents involving puncture wound (bleeding)?
What safeguards (precautions) should be taken in the classroom if a student has this disease?
Is there a real danger of a teacher getting AIDS from a student in an elementary classroom?
What are the chances of a teacher getting AIDS if a student has AIDS and bites the teacher?
If a student in my classroom had AIDS, what are my chances or another student's chances of getting the virus?
We work with many children that could possibly be offspring of AIDS victims. What precautions should be take when they have cuts and scrapes that we need to doctor?
How safe are children using the bathroom after others that are untidy?
Should children affected with AIDS be isolated even if they are allowed to attend public schools?
How do you deal with a child who has the AIDS virus?
How do I handle a child from a family where there's an AIDS victim?

Response:

AIDS is not an easy disease to get. HIV is a very fragile virus. There is no evidence that HIV can be transmitted by casual contact. People with AIDS, ARC, or a positive test present no danger to those with whom they go to class, share bathrooms, eat, work, or sit. Objects touched or handled by people with AIDS are not "contaminated" and need not be feared; the only exceptions are needles which might be shared. Any object or surface can be adequately disinfected with a 1:10 dilution of household bleach. There is no need for concern about the safety of swimming pools, whirlpools, saunas, or telephone booths because of AIDS. AIDS cannot be transmitted by coughing or sneezing. The virus is not transmitted in food handling. Those living with people with AIDS, ARC, or a positive blood test are at no extra risk unless they are sexual partners or they are sharing contaminated needles.

Under no circumstances can you get AIDS by donating blood or by getting hepatitis B vaccine. Needles used for drawing blood are used only once, then discarded.

AIDS is transmitted by intimate (sexual) contact and by exposure to contaminated blood. Normally, the body's protective barrier-the skin-prevents infection with agents as HIV; if the barrier is

broken by injury or by needle puncture, fluid containing the virus may enter the body. HIV is easily transferred from one person to another in sexual activities that involve the exchange of body fluids, especially if minor injuries are involved.

Some sexual activities are more dangerous than others. Anal intercourse is especially risky, whether the recipient is male or female. Women may be infected through vaginal sex with a male carrier; men having vaginal sex with female carriers are also at risk. The risk of oral-genital sex on a male seems much lower, and oral sex is less risky if it stops before ejaculation. Oral sex on a female may be more risky during menstruation. Although HIV is occasionally present in the saliva of people with AIDS, there is no evidence that saliva can transmit the virus; studies involving a large number of subjects have shown no case to have been transmitted by kissing or other contact with saliva. If there is any risk by kissing, it would come from prolonged, deep or rough kissing, which may damage the tissues of the lips or mouth.

The AIDS virus is easily transmitted by shared or dirty needles. People who share intravenous drugs and needles are exposing themselves to a serious risk of AIDS.

(Source: "AIDS...What Everyone Should Know," American College Health Association, 1987).

There is no known risk of non-sexual infection in most of the situations we encounter in our daily lives. We know that family members living with individuals who have the AIDS virus do not become infected except through sexual contact. There is no evidence of transmission (spread) of AIDS virus by everyday contact even though these family members shared food, towels, cups, razors, even toothbrushes, and kissed each other.

(Source: Surgeon General's Report on Acquired Immune Deficiency Syndrome, 1986).

Concern Three: What are the Legal and Moral Problems with Which Teachers Should be Concerned?

Legally, morally - what can/cannot you inform kids about in the class (concerning AIDS)?
What legal rights do students with AIDS have concerning attendance in the classroom?
Are any students who have AIDS identified before enrolling in public school (or is this information which is not made public)?
Are there going to be children in the classroom with AIDS? If we do have children with AIDS, will we have special help in the classroom?
Is AIDS considered a handicapping condition? Will the child with AIDS require special education services?
If a student tells me that he or she thinks he has AIDS, what should I tell him to do - besides see a doctor?
If a student has AIDS will/should teacher be notified or only school system and office personnel?

Response:

The courts have not yet made a definitive ruling on the rights of AIDS victims. Two concerns are of important to special education teachers. First is whether AIDS per se is a handicapping condition as defined under PL 94-142. It appears that AIDS itself is not sufficient reason to consider a child handicapped. However, the complications arising from the progress of the disease may cause the child to become handicapped. Special education teachers should expect that at some time they will be expected to provide specially designed instruction for children with AIDS. Teachers should not be expected to provide the in-depth counseling required by AIDS victims, and should report suspected cases to appropriate medical personnel.

The second concern is with confidentiality of information. Depending on the circumstances of each individual case, teachers may or may not be told a child in their classroom has AIDS. The issue of confidentiality is complex and cannot be resolved by a single rule or procedure. What is required is sensitivity to the persons and circumstances involved in each case.

School boards should consider that among the legal issues to be considered in forming guidelines for the education of AIDS virus-infected children are the civil rights aspects of public school attendance, the protections of handicapped children under federal law, the confidentiality of a student's school records under state and federal laws, and employee right-to-know statutes for public employees in some states.

No blanket rules can be made for all school boards to cover all possible cases of children with AIDS and each case should be considered separately and individualized to the child and the setting, as would be done with any child with a special problem, such as cerebral palsy or asthma. A good team to make such decisions with the school board would be the child's parents, physician, and a public health official.

(Source: "AIDS and Children in School," Alabama Department of Health, 1987).

Concern Four: What Strategies Are Appropriate for Classroom Use?

What are the best teaching aids to use in a classroom?
How can I teach the AIDS information unit to EMR students who are not concerned about the spread of the disease?
Do you think first graders should be taught about AIDS?
How much information should you tell an elementary child about how AIDS is gotten or transmitted to others?
Explain methods of teaching facts about AIDS to primary EMR students.
What content units should be taught to special education students 1-6, 6-12?

Response:

The Alabama State Board of Education adopted an "AIDS Unit of Instruction Grades 7-12" on November 12, 1987. The unit contains all the content material necessary to teach the unit. Children below the 7th grade level should continue to receive the usual instruction in health and related subjects. It is not necessary to teach about AIDS specifically at the elementary level.

Concern Five: How Many AIDS Children are in "My School?"

How prevalent is AIDS in public school age populations?
How many children, if any, have been identified as carrying the AIDS virus in Alabama?
Are there any cases of children with AIDS in my county?
What is the percentage of or are there any known cases of AIDS among children in my county?
How often do you have a student with AIDS in the school system?

Response:

The number of children with AIDS is small. Of the 20,000 AIDS cases in the United States, fewer than 300 were children under 13 years old.

(Source: "AIDS and Children," American Red Cross, 1986).

The Alabama Department of Public Health does not release information on the number of cases of AIDS in the state. Therefore, it is difficult to know how many AIDS infected children may be in any particular school system.

The number of people estimated to be infected with the AIDS virus in the United States is about 1.5 million. All of these individuals are assumed to be capable of spreading the virus sexually (heterosexually or homosexually) or by sharing needles and syringes or other implements for intravenous drug use. Of these, an estimated 100,000 to 200,000 will come down with AIDS Related Complex (ARC). It is difficult to predict the number who will develop ARC or AIDS because symptoms sometimes take as long as nine years to show up. With our present knowledge, scientists predict that 20 to 30% of those infected with the AIDS virus will develop an illness that fits an accepted

definition of AIDS within five years. The number of persons known to have AIDS in the United States to date is over 25,000; of these, about half have died of the disease. Since there is no cure, the others are expected to also eventually die from their disease.

The majority of infected antibody positive individuals who carry the AIDS virus show no disease symptoms and may not come down with the disease for many years, if ever.

(Source: "Surgeon Generals Report on Acquired Immune Deficiency Syndrome", 1986).

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